

# Volunteer Driver TurnKey Kit

Planning Implementation Evaluation



## QUESTION BANK FOR RIDER FEEDBACK

The following questions have been developed as ideas for you to consider if you undertake a postcard or internet inquiry of your riders.

	<u>YES</u>	<u>NO</u>
1. Do the drivers treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you get a ride when you need one?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you believe you are sufficiently informed about the services?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the vehicles you ride in clean and well-maintained?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are your drivers able to get to your destination easily?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the fee/fare charged for transportation reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the transportation program able to provide information about other transportation options in the community?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you picked up from your residence in a reasonable amount of time?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you picked up from your destination in a reasonable amount of time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you able to schedule rides when you need them?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the transportation program take you to places you need to go?	<input type="checkbox"/>	<input type="checkbox"/>
• to destinations beyond the city boundary		
• to destinations beyond the county or state boundaries		
12. Are your drivers friendly and supportive?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the program enable you to get to your medical and other essential appointments and activities?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the program enable you to get to your non-essential and quality of life activities?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this transportation program easy to use?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you believe that your use of this program has enhanced your sense of personal freedom and independence?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does this transportation program accommodate your special individual mobility needs and challenges?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you believe that you get out of the house more often because you use this transportation program?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are your drivers able to help carry packages into your home if you ask them?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you think the vehicles used by this program are comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel safe when using this transportation program?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do drivers escort you to the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do drivers escort you to your destination?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do drivers assist you at your destination?	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your driver help you with your packages?	<input type="checkbox"/>	<input type="checkbox"/>